



THE COMMONWEALTH OF MASSACHUSETTS

Division of Insurance

1000 Washington St, Suite 810
(617) 521-7794

Boston, Massachusetts 02118-6200
Toll-free (877) 563-4467

APPLICATION FOR LIFE SETTLEMENT BROKER INDIVIDUAL LICENSE

INSTRUCTIONS -- In order for us to process your application you must:

- Answer every question accurately and completely. Incomplete applications will be returned.
- Sign and date the application.
- Attach an Antifraud plan that meets the requirements of M.G.L. c. 175, §223B (g).
- Return this application with a check for **\$225.00 made payable to the Commonwealth of Massachusetts.**

Non-Resident Brokers, in addition to the above requirements, must also provide:

- A written designation of an agent for service of process or a written irrevocable consent that any action against the applicant may be commenced against the applicant by service of process on the Commissioner.
- Evidence of licensure as a Life Settlement Broker in your resident state.

LICENSED INSURANCE PRODUCERS: If you have been a Massachusetts licensed insurance producer, resident or nonresident, with a Life line of authority for at least one (1) year, you need only complete PART I and sign the application.

**If you have any questions or need assistance, please contact the Division
The application form with your check should be mailed to:**

**MA Division of Insurance
Producer Licensing
P.O. Box 370043
Boston, MA 02241-1743**

Any false statement in this application is punishable as perjury under Ch. 268 Mass. General Laws and may result in the revocation of your license(s)

Please Print or Type

To the Commissioner of Insurance:

Application is hereby made for an Individual Life Settlement Broker License.

PART I - MASSACHUSETTS LICENSED INSURANCE PRODUCERS ONLY:

- ☐ MASSACHUSETTS PRODUCER LICENSE NUMBER _____
- ☐ I certify I have held an insurance producer license with a Life line of authority in my resident state for at least one (1) year.
- ☐ Attach an Antifraud plan that meets the requirements of M.G.L. c. 175, §223B (g).
- ☐ Return this application with a check for \$225.00 made payable to the Commonwealth of Massachusetts

PART II - ALL OTHER APPLICANTS:

To the Commissioner of Insurance:

Application is hereby made for an Individual Life Settlement Broker License issued to: (You may only do business in the name shown below.)

1. Name of Applicant: _____
Last First Middle Jr./Sr.
2. Social Security #: _____
3. Date of Birth: _____ / /

4. Home Address: _____
 Street _____ City _____ State _____ Zip _____
5. Tel # () _____
6. Business Address: _____
 Street _____ City _____ State _____ Zip _____
7. Tel # () _____
8. Mailing Address: _____
 Street _____ City _____ State _____ Zip _____
9. Business E-Mail Address: _____
10. Occupation (last 5 years):
 From ____ / ____ / ____ To ____ / ____ / ____ Duties or Title: _____
 Employer's Name: _____
 Address: _____
 Street _____ City _____ State _____ Zip _____
 From ____ / ____ / ____ To ____ / ____ / ____ Duties or Title: _____
 Employer's Name: _____
 Address: _____
 Street _____ City _____ State _____ Zip _____
11. Has any licensing authority ever suspended, cancelled, or revoked any license issued to you, or ever refused to issue or renew any such license, or have you ever surrendered any such license or has any other public official or court ever suspended, cancelled or revoked any license or authority of any kind issued to you to pursue any trade, calling, or profession or refused to issue or renew any such license or authority or discharged or removed you from any public office or position?
☐ Yes ☐ No (If YES, attach details.)
12. Have you ever filed a petition or have you been petitioned into bankruptcy or insolvency, or have you ever made any assignment for the benefit of, or any composition with your creditors, or have you ever been under guardianship or other legal disability?
☐ Yes ☐ No (If YES, attach details.)
13. Have you ever been convicted of, or arrested or prosecuted for, any crime or offense against the laws of this or any other state or country, or plead nolo contendere to any indictment or complaint for such crime or offense, or is there pending against you any indictment, complaint, or proceeding for a violation of such laws?

Note: "Crime" includes a **misdemeanor**, a **felony** or a **military offense**. You may exclude misdemeanor traffic citations and misdemeanor convictions or pending misdemeanor charges involving driving under the influence (DUI) or driving while intoxicated (DWI), driving without a license, reckless driving, or driving with a suspended or revoked license and juvenile offenses.

"Convicted" includes, but is not limited to, having been found guilty by verdict of a judge or jury, having entered a plea of guilty or nolo contendere or no contest, or having been given probation, a suspended sentence, or a fine.

If you answer yes, you must attach to this application:

- a) a written statement explaining the circumstances of each incident,
- b) a copy of the charging document,
- c) a copy of the official document, which demonstrates the resolution of the charges or any final judgment.

☐ Yes ☐ No

CERTIFICATION

By signing this form, I agree to comply with M.G.L. c. 175, §§212-223E respecting life settlement agreements and the duties and obligations of Life Settlement Brokers. I hereby verify the foregoing answers and statements and declare that they were made under the penalties of perjury. At any time, if any of the above information changes, I will notify the Division of Insurance within 30 days.

Dated at _____ this _____ day of _____, _____ Year

_____, Applicant _____
 Full Signature _____ Print Name _____